

DEALER DROP OFF

DATE: _____ TIME: _____

DEALER: _____ CONTACT NUMBER: _____

LIST-Customer Name - License # - last 4 digits of Vin # Completed

1. _____	YES	Rejected
2. _____	YES	Rejected
3. _____	YES	Rejected
4. _____	YES	Rejected
5. _____	YES	Rejected
6. _____	YES	Rejected
7. _____	YES	Rejected
8. _____	YES	Rejected
9. _____	YES	Rejected
10. _____	YES	Rejected

CSR Assigned: _____ Date Assigned _____

Completed on: _____

Comments: _____

RUNNER PICKUP: _____ Date/Time _____